



***1st Statewide Behavioral Health Integration Project Meeting
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IMHDDA Barriers to establishment of ILHIE

- Current consent exceptions do not encompass disclosures for all contemplated ILHIE purposes:
 - IMHDDA restricts behavioral health providers from identifying existence of patient record to the ILHIE
 - Disclosures allowed without consent for treatment, payment, and health care operations (including quality assessment and peer review) are more limited than under HIPAA
- Patient consent requirements do not fit the ILHIE model or will require additional administrative processes
 - Granular specificity required (no blanket consents)
 - Specific expiration dates required
 - Procedure requirements required (e.g., witnesses)

IMHDDA Barriers to establishment of ILHIE

- Limits the conduct of research
 - With few exceptions, individual patient consent is required
 - Consent is required for types of research HIPAA permits without an authorization (e.g., de-identified data, limited data sets, retrospective chart reviews, and preparatory activity)
- Outdated for application of an electronic medical record
 - No distinction between “use” and “disclosure”
 - No recognition of technical solutions and safeguards
- Does not accommodate current business models
 - Limited role of a “records custodian” does not allow comprehensive services to be provided by a third-party vendor
- Establishes processes that are redundant with HIPAA’s, resulting in administrative inefficiency (e.g., amendment, accounting of disclosures)

Illinois Licensure Statutes Affecting Behavioral Health Providers

- Individual licensure statutes often require consent for disclosure of patient information unless an exception is provided
- Exceptions
 - Limited to only a few scenarios
 - Scenarios cover far less than the IMHDDA covers or that the ILHIE would need

Behavioral Health Workgroup Recommendations

- Make disclosure through the ILHIE an exception to written patient consent or modify consent requirements to facilitate inclusion of mental health information in the ILHIE
- Make IMHDAA consistent with HIPAA with respect to:
 - Research
 - De-identification and limited data sets
 - Business associates
 - Patient rights (amendment, etc.)
- Centralize confidentiality requirements regarding behavioral health information in the IMHDDA

Scope of IMHDDA

- Scope is broad and unclear
 - Arguably applies to behavioral health issues in non-mental health treatment scenarios
 - Unclear regarding status of referrals and references
 - Segregation of behavioral health information presents challenges

Scope of IMHDDA

- Clarification is essential to
 - Facilitate proper administration of the ILHIE
 - Avoid excluding the behavioral health population from the scope and patient care benefits of the ILHIE
- Clarify scope of IMHDDA so as to facilitate identification of behavioral health information in the IHIE. Consider:
 - Define mental health and developmental disability services as those either provided by defined mental health treatment providers or to defined diagnosed conditions (e.g., DSM-listed conditions)
 - Adopt HIPAA's definition of psychotherapy notes